

OPTIONAL: NOT REQUIRED.

You may apply for a **maximum of 50%** of the total funds awarded to your organization. You **must submit receipts** for all eligible expenditures claimed on this Mid-Year Report.

THE MIDYEAR REPORT CONSISTS OF 5 PAGES, PLUS THE MATRIX PAGE.

This report will be compared to your **APPLICATION AMENDMENT/REVISED BUDGET/INCOME AND EXPENSES** that is attached to your **Signed Contract**

Organization Fiscal Year:	BEGIN	_____	END	_____
		Mo/Day/Year		Mo/Day/Year
Actual event dates:	BEGIN	_____	END	_____
		Mo/Day/Year		Mo/Day/Year
Project development dates:	BEGIN	_____	END	_____
		Mo/Day/Year		Mo/Day/Year

(DATES SHOULD MATCH APPLICATION)

Legal Name of Applicant Organization _____
 Umbrella Covered entity if applicable _____
 Department (if applicant is Educational Institution) _____
 Mailing Address (with Zip Code) _____
 Street Address (with Zip Code) _____
 Phone, Fax & E-mail _____
 Federal Employer's Identification Number _____
 Authorized Official/Board Chair _____
 Project/Executive Director _____

- **PERSONNEL INFORMATION** - Number of participating artists and non-artist personnel.

Total # of **artists** _____

of paid artists _____
 # of un-paid artists _____
 # of guest artists _____
 # of minority artists _____

(may not always equal 100%)

Total # of **non-artist personnel** _____

of full-time personnel _____
 # of part-time personnel _____
 # of volunteers _____

- **ACTIVITY INFORMATION** - Schedule and ticket prices.

Number of activities per month: _____
 Number of months per year: _____
 Hours open to public: _____

Average price per event: \$ _____
 Price range: \$ _____ to \$ _____
 Total number free admissions: _____

- **NUMBER OF EVENTS/ATTENDANCE** - each category. **Example: 2/300 means 2 events with a total attendance of 300 people.**

Performances _____ / _____
 Lecture/Demonstrations _____ / _____
 Master Classes _____ / _____
 Seminars/Workshops _____ / _____
 Open Rehearsals _____ / _____
 Exhibitions _____ / _____
 Festivals _____ / _____

Conferences _____ / _____
 Publications _____ / _____
 Commissions (original works) _____ / _____
 Residencies _____ / _____
 Other _____ / _____ (Specify): _____

Total attendance of all events: _____

How was attendance determined? _____

Location of activities/events: _____

Review the Project Description described in the "**Application Amendment/Revised Budget**" that was attached to your **Signed Contract**. Explain **any** deviations below. Attach another page if needed.

- Rate success of the project:
- ☐ Exceeded all objectives
 - ☐ Exceeded some objectives
 - ☐ Met all objectives
 - ☐ Met some objectives
 - ☐ Did not meet objectives

Attach extra pages if you need more space for these items.

Explain the rating:

List the strengths of the project:

List the weaknesses of the project:

List all organizations involved in the planning, support and/or implementation of the project:

Describe how project was publicized (Attach copies of all publicity, including press releases, public service announcements, print ads and articles. Also **attach copies of all posters, programs and flyers with credit line for ACD marked**):

If you plan to continue this project, how will you structure and fund it in the future?

(CHECK ONE)

Invitations/schedules for events were:

- ☐ **Delivered to ACD for distribution to ACD Board members**

We hereby certify that the statements contained in this report are true and correct and represent the complete accounting of this project to the best of our knowledge.

NOTE: Please use BLUE ink for signatures.

PRINT YOUR COMPLETE LEGAL NAME

Authorized Official/Board Chair – Signature

Complete Legal Name (print)

Date

Project/Executive Director – Signature

Complete Legal Name (print)

Date

HOTEL/MOTEL STATISTICS

These statistics are an important measure of the economic impact of the arts on the local economy and will assist the City's Arts and Culture Department in justifying its funding programs supported by the Municipal Hotel/Motel Tax.

To gather this information effectively, organizations should record the statistics relevant to **all guest artists and their traveling parties (including technical staff)**.

1. If the project included GUEST ARTISTS (from outside El Paso), complete the following:

- How many guest artists were involved in the project?_____
- How many people were in the artist's traveling party (including technical staff)?_____
- Where did they come from? (Be specific)_____
- Where did they stay while in El Paso? _____
- How many "room nights" did they use? ("Room nights" means the number of rooms occupied times the number of nights.)_____

2. Complete the following regarding AUDIENCE MEMBERS:

Include a brief questionnaire in your program, ask for a show of hands of visitors or have a guest book to sign.

- Estimate how many audience members (total) traveled from outside El Paso to attend event/program?....._____
- How many people were in the average traveling party?_____
- Where did they travel from? (Be specific)....._____
- Where did they stay while in El Paso?_____
- How many "room nights" did they use? ("Room nights" means the number of rooms occupied times the number of nights.)_____

Financial Information**INCOME**

ROUND FIGURES TO NEAREST DOLLAR.

1. CASH from Prior Year(s) or Organizational Funds
Available for this Project

	\$
Total Cash Available	\$0

2. EARNED INCOME

a. Admission charges, subscriptions, box office	\$
b. Concessions, sales, parking, publications, advertisers, etc.	\$
c. Tuition, class/workshop fees	\$
d. Contracted services (performances, exhibitions, etc.)	\$
e. Interest on investments, endowments	\$
f. Rental income	\$
g. Other earned income (specify) _____	\$

Total Earned Income	\$0
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3. UNEARNED INCOME Mark **P** for Pending or **C** for Committed**GOVERNMENT SUPPORT (Itemize)**

a. Local Government (Not through this grant)	\$	P <input type="checkbox"/>	C <input type="checkbox"/>
b. Hotel/Motel tax	\$	P <input type="checkbox"/>	C <input type="checkbox"/>
c. Other city (Not Hotel/Motel tax)	\$	P <input type="checkbox"/>	C <input type="checkbox"/>
d. County/Regional	\$	P <input type="checkbox"/>	C <input type="checkbox"/>
e. State (Not TCA)	\$	P <input type="checkbox"/>	C <input type="checkbox"/>
f. Funding Directly from TCA	\$	P <input type="checkbox"/>	C <input type="checkbox"/>
g. Federal NEA <input type="checkbox"/> NEH <input type="checkbox"/> Other _____	\$	P <input type="checkbox"/>	C <input type="checkbox"/>
h. Other unearned income (specify) _____	\$	P <input type="checkbox"/>	C <input type="checkbox"/>

PRIVATE SUPPORT (Itemize)

a. Fundraising/Benefits	\$	P <input type="checkbox"/>	C <input type="checkbox"/>
b. Individual contributors/sponsors	\$	P <input type="checkbox"/>	C <input type="checkbox"/>
c. Memberships	\$	P <input type="checkbox"/>	C <input type="checkbox"/>
d. Corporations/Businesses	\$	P <input type="checkbox"/>	C <input type="checkbox"/>
e. Foundations	\$	P <input type="checkbox"/>	C <input type="checkbox"/>
f. Other (specify) _____	\$	P <input type="checkbox"/>	C <input type="checkbox"/>

Total Unearned Income To Date	\$0
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CASH RESOURCES (Total of Sections 1, 2, and 3 above)

\$0

Should reflect TOTAL income to date

ACD FUNDING Total ACD Award

\$

TCA FUNDING Total TCA Award

\$

Total**\$0****TOTAL CASH RESOURCES** Should reflect actual total income (Cash, TCA and ACD)**\$0**

Income and Expense figures will not be equal if your project had a deficit or surplus

SEE INSTRUCTIONS ON PAGE 7 BEFORE COMPLETING FINANCIAL INFORMATION**ROUND FIGURES TO NEAREST DOLLAR****EXPENSES**

	A Cash	+	B ACD Funding	+	C TCA Funding	=	D TOTAL (A+B+C)
1. ORGANIZATIONAL PERSONNEL							
If Educational Institution, please indicate if the cash match of this section is for RT (Release Time) or S&W (Salaries & Wages)							
a. Administrative _____	\$		\$		\$		\$0
b. Artistic _____	\$		\$		\$		\$0
c. Technical _____	\$		\$		\$		\$0
d. Other (Specify) _____	\$		\$		\$		\$0
e. Fringe Benefits	\$		\$		\$		\$0
Total Organizational Personnel	\$0		\$0		\$0		\$0
2. IMPLEMENTATION							
a. Fees for Outside Professional Services/Contracts							
i. Administrative	\$		\$		\$		\$0
ii. Artistic	\$		\$		\$		\$0
iii. Technical	\$		\$		\$		\$0
b. Space Rental	\$		\$		\$		\$0
c. Travel and Transportation	\$		\$		\$		\$0
d. Other (Specify) _____	\$		\$		\$		\$0
Total Implementation	\$0		\$0		\$0		\$0
3. MISCELLANEOUS OPERATING EXPENSES							
a. Equipment Rental	\$		\$		\$		\$0
b. Shipping	\$		\$		\$		\$0
c. Supplies and Materials	\$		\$		\$		\$0
d. Exhibition Rental Fees	\$		\$		\$		\$0
e. Marketing and Promotion	\$		\$		\$		\$0
f. Printing	\$		\$		\$		\$0
g. Insurance	\$		\$		\$		\$0
h. Production or Exhibit Costs (Specify)	\$		\$		\$		\$0
_____	\$		\$		\$		\$0
i. Other Expenses (Specify)	\$		\$		\$		\$0
_____	\$		\$		\$		\$0
j. Other Artistic Fees	\$		\$		\$		\$0
Total Misc. Operating Expenses	\$0		\$0		\$0		\$0
TOTAL EXPENSES (Sections 1, 2, & 3 above)	\$0		\$0		\$0		\$0

Income and Expense figures will not be equal if your project had a deficit or surplus

Submit **ALL** of the figures from the beginning to date of your project. **SHOULD BE THE SAME AS FIGURES ON PAGE 1.**

1. Name of Organization _____

	(If applicable)	Comments (if any)
2. Project Title		
3. Dates of Project		
4. # of Events		
5. # of Local Artists		
6. # of Guest Artists		
7. # of Minority Artists		
8. ACD/TCA Funding	\$ ACD	\$ TCA
9. (a) Your Match/ (b) Total Budget	(a) \$	(b) \$
10. Total Attendance		
11. # of Hotel Nights		
12. Location of Program (s)		
13. # of Conferences		
14. # of Commissions		
15. # of Seminars		
16. # of Exhibitions		
17. # of Performances		
18. # of Open Rehearsals		
19. # of Lectures/Demos		
20. # of Publications		
21. # of Master Classes		
22. # of Residencies		
23. Other		
24. Origin of Audiences if known		
25. # Professional Artists		
26. # Amateur Artists		
27. # Paid Artists		
28. # Un-paid Artists		
30. # Non-Artist Volunteers		
31. # Full Time Personnel		
32. # Part Time Personnel		